Department of the Treasury

------ Separate here and give Form W-4 to your employer. Keep the top part for your records. ------**Employee's Withholding Allowance Certificate**

OMB No. 1545-0074

▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is

Internal Revenue Service		subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					=	
1 Your first nam		and middle initial	Last name			2 Your social	security number	
	Home address (ome address (number and street or rural route)		3 Single	3 Single Married Married, but withhold at higher Single rate.			
				Note. If married, b	out legally separated, or spo	use is a nonresident	alien, check the "Single" box.	
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card,					
					check here. You must call 1-800-772-1213 for a replacement card. ▶			
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5						5	
6	Additional amount, if any, you want withheld from each paycheck						6 \$	
7	I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption.							
	• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and							
	• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.							
	If you meet both conditions, write "Exempt" here					7	•	
Unde	r penalties of per	jury, I declare that I have	e examined this certificate	and, to the best of r	my knowledge and be	elief, it is true, co	orrect, and complete.	
Empl	oyee's signatur	е						
(This form is not valid unless you sign it.) ▶					Date ►			
8	Employer's nam	ne and address (Employer: C	complete lines 8 and 10 only if	sending to the IRS.)	9 Office code (optional)	10 Employer ic	lentification number (EIN)	